

**Verification Of Employment Letter**

With reference to the Los Angeles County EMS Agency, Prehospital Care Reference No. 414, Registered Nurse/Respiratory Specialty Care Transport Provider, this Verification of Employment letter is for:

\_\_\_\_\_ R.N. (print or type name).

The above named person is employed more than 96 hours per year in:

- ☐ Emergency Department
- ☐ ICU/CCU
- ☐ Other Critical Care Area: (Specify) \_\_\_\_\_

\_\_\_\_\_  
Nurse Manager (print)

\_\_\_\_\_  
Nurse Manager (signature)

(\_\_\_\_\_)\_\_\_\_\_  
Nurse Manager Telephone Number

\_\_\_\_\_  
Hospital Name and Address

\_\_\_\_\_  
R.N. Name (print)

\_\_\_\_\_  
R.N. (signature)

\_\_\_\_\_  
Date